

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES	
				1 5	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.	
P00001		See Block 16C			
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)	
		ICE/DCR		CODE ICE/DCR	
ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street, NW (b)(6);(b)(7)(C) WASHINGTON DC 20536			ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, (b)(6);(b)(7)(C) Washington DC 20536		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)			9A. AMENDMENT OF SOLICITATION NO.		
COUNTY OF CIBOLA ATTN COUNTY OF CIBOLA 515 W HIGH ST GRANTS NM 870202526			(x)		
			9B. DATED (SEE ITEM 11)		
			x		
			10A. MODIFICATION OF CONTRACT/ORDER NO. EROIGSA-17-0003		
			10B. DATED (SEE ITEM 13)		
CODE 0544423480000			FACILITY CODE		
			10/28/2016		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
<input type="checkbox"/> is extended. <input type="checkbox"/> is not extended.					
12. ACCOUNTING AND APPROPRIATION DATA (If required)					
See Schedule					
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
CHECK ONE					
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).					
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:					
D. OTHER (Specify type of modification and authority)					
X Bilateral Modification					
E. IMPORTANT: Contractor <input type="checkbox"/> is not. <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
DUNS Number: 054442348					
Program PO: (b)(6);(b)(7)(C) 915-856-(b)(6);(b)(7)(C)					
COR: (b)(6);(b)(7)(C) 915-856-(b)(6);(b)(7)(C)					
ALT COR: (b)(6);(b)(7)(C) 915-856-(b)(6);(b)(7)(C)					
OAQ POC:					
Contracting Officer: (b)(6);(b)(7)(C) 202-732-(b)(6);(b)(7)(C)					
Contract Specialist: (b)(6);(b)(7)(C) 202-732-(b)(6);(b)(7)(C)					
Warden: (b)(6);(b)(7)(C) 520-483-(b)(6);(b)(7)(C)					
Continued ...					
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.					
(b)(6);(b)(7)(C)		(b)(6);(b)(7)(C)		13. OFFICER (Type or print)	
(Signature of person authorized to sign)		15C. DATE SIGNED		16C. DATE SIGNED	
				1/10/17	
NSN 7540-01-152-8070 Previous edition unusable					
STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243					

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NAME OF OFFEROR OR CONTRACTOR
COUNTY OF CIBOLA

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The purpose of this modification to the IGSA for the Cibola County Correctional Center located in Milan New Mexico is to capture the agreement for additional medical staff and add transportation services in support of the Cibola County Correctional Center. The increase in medical staff has resulted in changes to CLINs 0001,0002, and 0003. The Transportation Services have been added as CLINs 0004 Fixed routes and 0005 On Demand Transportation.</p> <p>Cibola County hereby agrees to:</p> <ol style="list-style-type: none"> 1) staff medical positions as per the attached Medical Staffing Plan (Attachment 7-M); 2) provide detainees with access to a language line that offers trained interpreters over the phone and/or via video remote, including instant access to interpreters who speak Spanish and Haitian Creole; 3) Cibola County must hire interpreters, with at least one Spanish language interpreter and at least one Haitian Creole language interpreter to provide interpreter services at the medical clinic and, when available, at other facility locations. 4) On demand Transportation in support of the Cibola County Correctional Center may only be performed at the direction of the COR, ALT COR and/or the Contracting Officer. <p>ICE hereby agrees to:</p> <ol style="list-style-type: none"> 1) place no more than 500 detainees in the facility until sufficient medical staff(as determined by ICE Health Service Corps [IHSC]) has been hired and cleared , and the Mental Health Unit (MHU) will not be operational until sufficient medical staff (as determined by ICE Health Service Corps [IHSC]) has been hired and cleared. The detainee population will be allowed to incrementally increase as the number of cleared staff increases towards full medical staff(57 FTEs), as determined by IHSC; 2) limit new intakes to 250 per week; 3)detail a Detention Service Manger (DSM) to Cibola at least two weeks a month. <p>Furthermore , the El Paso Field Office Field Medical Coordinator (FMC) will conduct weekly calls with the Cibola Health Service</p> <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR
COUNTY OF CIBOLA

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Administrator to discuss any issues or concerns; ICE's inspection contractor will conduct a full PBNDS 2011 annual inspection of Cibola 90 days after the first detainee is admitted. The inspection will include a Quality of Medical Care (QMC) review by a registered nurse and medical subject matter expert (SME). IHSC will also conduct a site visit at Cibola within 6 weeks of detainees first arriving at the facility and then at least quarterly for the first year, to monitor the quality of care.</p> <p>Attachment 7-M: Medical Staffing Plan Attachment 7-T: Transportation Staffing Plan Exempt Action: Y Delivery Location Code: ICE-ERO DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-ERO-SPC-FAO-PIC Williston VT 05495-1620 USA</p> <p>Period of Performance: 10/28/2016 to 10/27/2021</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p>				
0001	<p>Fixed Monthly Rate after ramp up for Detention Services 0- 847 detainees (b)(7)(F) per month Obligated Amount: (b)(7)(F) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Delivery: 11/01/2016</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p>	60	MO	(b)(7)(E)	
0002	<p>Bed Day rate 848 and above: (b)(7)(F) Obligated Amount: (b)(7)(E) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Delivery: 11/01/2016</p> <p>Change Item 0003 to read as follows (amount shown Continued ...</p>	190925	EA	(b)(7)(F)	

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NAME OF OFFEROR OR CONTRACTOR
COUNTY OF CIBOLA

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0003	<p>is the obligated amount):</p> <p>Ramp up Bed Day Rate</p> <p>Ramp:</p> <p>Fixed rate for month 1: Initial four weeks (1 week at 250 beds, 3 weeks at 500 beds) = (b)(7)(F)</p> <p>Fixed rate for month 2: Four weeks (500 bed four weeks) = (b)(7)(E)</p> <p>ICE would pay a bed day rate of (b)(7)(E) for any detainee over 500 within the first 60 days.</p> <p>The pricing for the ramp would start as soon as the first detainee was sent to Cibola. The fixed amounts represent the # of beds listed times the (b)(7)(E) rate ICE was given by CoreCivic.</p> <p>Obligated Amount: (b)(7)(F)</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Delivery: 11/01/2016</p> <p>Add Item 0004 as follows:</p>				
0004	<p>Fixed Route Transportation</p> <p>Annually (b)(7)(F) monthly</p> <p>Fixed Routes in support of Cibola County Correctional Center:</p> <ol style="list-style-type: none"> (b)(7)(F) fixed rate annually, (b)(7)(E) Monthly fixed rate. <ul style="list-style-type: none"> Cibola to ABQ airport (round trip) 5 days a week. Cibola to ABQ Sub Office (round trip) 5 days per week. Cibola, Torrance, to ABQ Sub Office (round trip) 5 days per week. Medical and local court runs will be performed by CoreCivic. On Demand Routes that are requested on a repetitive basis can be added to the confirmed/fixed routes upon request. This action may require renegotiation of Annual rate. <p>Obligated Amount: (b)(7)(F)</p> <p>Product/Service Code: S206</p> <p>Continued ...</p>	60	MO	(b)(7)(E)	

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NAME OF OFFEROR OR CONTRACTOR
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0005	<p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Add Item 0005 as follows:</p> <p>On Demand Transportation</p> <p>On demand transportation at a rate of (b)(7)(E) per mile. There is a maximum mileage of 375,000 annually. 60 months mileage 1,875,000</p> <p>1. (b)(7)(E) per mile rate for On Demand Transportation.</p> <p>2. Lodging costs (MI&E) are included in the Mileage rate.</p> <p>3. All Requests for On Demand Transportation shall come from the COR, ALT COR , and/or the Contracting Officer.</p> <p>4. Any On Demand route ordered shall begin within (12) twelve hours of the request from the COR, ALT COR, and/or Contracting Officer.</p> <p>5. On Demand Routes include but are not limited to Destination identified: Sandoval Detention Center, Cibola County Sheriff, Metropolitan Detention Center, and Central New Mexico Correctional Facility. A looped route from Cibola to the Roswell Sub Office, then to Torrance (round trip) up to 5-days a week. Cibola to Florence route. It is expected the requirement will eventually be a daily fixed meet and greet. However, the location has not been determined at this time.</p> <p>6. Maximum allowable Mileage is 375,000 miles annually. CoreCivic will notify the Government when 75% of the 375,000 miles annually (281,250 miles) have been used so that renegotiation for any additional On Demand transportation can be achieved.</p> <p>Obligated Amount: (b)(7)(E)</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p>	1875000	MI	(b)(7)(E)	



Cibola - Medical Staffing
1,100 ADP

Position	IHSC Recommendation
HSA	1
Assistant HSA	1
LPN/LVN***	16
Mental Health Provider (MHP)	2.5
Mid-Level Provider (MLP)	6
MRT*	4.5
Pharm Tech**	1
Pharmacist**	1
Dentist	1
Dental Tech	1
Physician	2
Psychiatrist	1
RN***	16
Administrative Assistant	1
CQ RN	1
Director of Nursing	1
Total FTE	57.00

11/23/2016

Attachment 7-M

Transportation Staffing Plan
Cibola County Correctional Center

Confirmed Routes: 8 staff

Unconfirmed Routes: Will be staffed by ICE Cleared Transportation Officers to meet the requirements.

Totals: 8 staff